

Infection Prevention and Control Manual

Interim Policy for Optimizing the Supply of Eye Protection, Face Shields - COVID-19 Pandemic

Optimizing the Supply of Eye Protection, Face Shields during COVID-19 - Pandemic

Purpose

To provide strategies or options for the facility to optimize supplies of eye protection when the facility is experiencing limited supply.

“Surge capacity refers to the ability to manage a sudden, unexpected increase in patient volume that would otherwise severely challenge or exceed the present capacity of a facility. While there are no commonly accepted measurements or triggers to distinguish surge capacity from daily patient care capacity, surge capacity is a useful framework to approach a decreased supply of eye protection during the COVID-19 response. Three general strata have been used to describe surge capacity and can be used to prioritize measures to conserve eye protection supplies along the continuum of care.

- Conventional capacity: measures consist of providing patient care without any change in daily contemporary practices. This set of measures, consisting of engineering, administrative, and personal protective equipment (PPE) controls should already be implemented in general infection prevention and control plans in healthcare settings.
- Contingency capacity: measures may change daily standard practices but may not have any significant impact on the care delivered to the patient or the safety of healthcare personnel (HCP). These practices may be used temporarily during periods of expected eye protection shortages.
- Crisis capacity: strategies that are not commensurate with U.S. standards of care. These measures, or a combination of these measures, may need to be considered during periods of known eye protection shortages.

The following contingency and crisis strategies are based upon these assumptions:

1. Facilities understand their eye protection inventory and supply chain
2. Facilities understand their eye protection utilization rate
3. Facilities are in communication with local healthcare coalitions, federal, state, and local public health partners (e.g., public health emergency preparedness and response staff) regarding identification of additional supplies
4. Facilities have already implemented other engineering and administrative control measures including:
 - Reducing the number of patients going to the hospital or outpatient settings
 - Excluding HCP not essential for patient care from entering their care area
 - Reducing face-to-face HCP encounters with patients
 - Excluding visitors to patients with confirmed or suspected COVID-19
 - Cohorting patients and HCP
 - Maximizing use of telemedicine
5. Facilities have provided HCP with required education and training, including having them demonstrate competency with donning and doffing, with any PPE ensemble that is used to perform job responsibilities, such as provision of patient care”¹

Protocol for Optimizing the Supply of Eye Protection:

Complete a review of current and future needs for PPE’s. Utilize a process to determine PPE Burn Rate.

- [PPE Burn Rate Calculator](#) – This is a sample spreadsheet-based model that provides information for healthcare facilities to plan and optimize the use of PPE for response to coronavirus disease 2019 (COVID-19).

This resource was developed utilizing Information from CDC and CMS.
Providers are reminded to review state and local specific information for any variance to national guidance

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Conventional Capacity: Use eye protection and face shields in accordance with the manufacturer's recommendation and State, Local or Federal requirements

Contingency Capacity:

- If available, shift eye protection from disposable to re-usable devices
 - Appropriate cleaning and disinfection will be completed between users when reusable goggles or face shields are used
- Implement the extended use of eye protection
 - Remove eye protection will be removed, cleaned and disinfected if visibly soiled or if user is unable to see through
 - **“Adhere to recommended manufacturer instructions for cleaning and disinfection.**

When manufacturer instructions for cleaning and disinfection are unavailable, such as for single use disposable face shields, consider:

- While wearing gloves, carefully wipe the *inside, followed by the outside* of the face shield or goggles using a clean cloth saturated with neutral detergent solution or cleaner wipe.
- Carefully wipe the *outside* of the face shield or goggles using a wipe or clean cloth saturated with EPA-registered hospital disinfectant solution.
- Wipe the outside of face shield or goggles with clean water or alcohol to remove residue.
- Fully dry (air dry or use clean absorbent towels).
- Remove gloves and perform hand hygiene”²
- Discard eye protection if damaged
- Make every attempt to avoid touching eye protection. If touched or adjusted, perform hand hygiene immediately
- If employee must leave the resident care area, remove eye protection

Crisis Capacity:

- Use eye protection devices beyond the manufacturer-designated shelf life during resident care
 - Inspect eye protection prior to use and discard if damaged or degraded
- Prioritize eye protection for resident care activities:
 - When splashes and sprays are anticipated (i.e. aerosol generating procedures)
 - When prolonged contact (i.e. close or face-to-face) with a potentially infected resident is unavoidable
- If eye protection is not available, consider using safety glasses with side extensions
- Exclude employees at high risk for severe illness from contact with known or suspected COVID-19 residents.
- Designate employees who have recovered from COVID-19 to care for residents with COVID-19

Reference:

^{1,2}Centers for Disease Control and Prevention. Coronavirus Disease 2019 (COVID-19). Strategies for Optimizing the Supply of Eye Protection. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/eye-protection.html>

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Centers for Medicare & Medicaid Services. COVID-19 Long Term Care Facility Guidance. April 2, 2020.
<https://www.cms.gov/files/document/4220-covid-19-long-term-care-facility-guidance.pdf>

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